022819 Emma 2

Volenski, Dina

From: Cantelme. Steve <cantelmes@sacoes.org>
Sent: Thursday, February 28, 2019 10:10 AM

To: 'cdunsmoor@buttecounty.net'

Cc: Cantelme. Steve

Subject: City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018
Attachments: 20190227193422456.pdf; EMMA Forms for Allison Nielson.pdf; 20190214110921233.pdf;

20190211122024271.pdf; Daniel Bowers.vcf

Hi Cindi,

Attached are the reimbursement documentation provided by the City of Sacramento for their animal control officers deployed to Butte County for the Camp Fire. The point of contact for the City of Sacramento for any questions or needs you might have for their deployment is Daniel Bowers and his contact information is below.

Daniel Bowers
City of Sacramento
OES Director

916-808-1833 Work +1 (530) 941-0944 Mobile DBowers@cityofsacramento.org

Thank you,

Steve

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org

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APPLICANT Ly of Sacra	mento Suce Hygins PAIDNO.	PROJECT NO.	SIG	DISASTER CA	CAMP AIR	
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сектігієр / Д	Save Hay TITLE Chang 14	3		DATE	7-27-19	5
FEMA Form 90-123, FEB 09				man (to tall	

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name:
Assignment Location (EOC, Command Post, Field, etc.):
Position/Task:
Shift (Day / Night): Assignment Dates:
Number of Shifts (In days, do not include travel):
A. Mobilization Process:
Alert Notification
Recruitment Excellent Good Poor
Assignment Briefing
• Comments (Attach an additional page if necessary):
Poorly org. & Shared
B. Assignment Support:
■ Travel Arrangements
EOC In-processing Excellent Good Poor
Deployment Support Kit
 SOPs/Forms
There were No A rangement's on the same of
There were no Arrangements or in-processing - or support kit - or SOPS
C. Demobilization Process:
■ EOC Out-processing
 Personal Expense Excellent Good Poor N/A Reimbursement
 Post-Assignment Debriefing Excellent Good Poor Overall Experience Excellent Good Poor
Comments (Attach an additional page if necessary):
No true instructions.
2.6
D. General Comments/Suggestions
Considery This 13 the third time
out earneum k. I'd say organization gutter.
Considery this is the third time I have had to fill out paper work, I'd say organization Suffered.
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DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD	PAGE	OF	O.M.B. No. 1660-0017 Expires April 30, 2013
APLICANT PAIDNO.	PROJECT NO.	DISASTER OF WY	P FIRE
LOCATIONISITE / LEV	CATEGORY	PERIOD COVERING $ I / S $	- 12/14
DESCRIPTION OF WORK PERFORMED Animal Control + reces Dom	Sid work	SOITS AND	\$ EVACS
TYPE OF EQUIPMENT	DATES AND HOURS USED EACH DAY	USED EACH DAY	COSTS
INDICATE SIZE, CAPACITY, HOURSEPOWER, CODE NAME NUMBER NUMBER	DATE 1/2 11/28	721 /21 05/1 82/1	TOTAL EQUIPMENT TOTAL HOURS RATE COST
FORD F250 ACO TRUCK 1670 SHIME /1.50M) ol 0 10 10	01 0) 01 01	2
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CERTIFIED) ACE HUGGIMS 12	THE CHIEF	ANIMACEN	DATE 2.27/9
FEMA Form 90-127, AUG 10		Man	

Mincident Name:		2. Operational Period:	Date From: Ib	MIM Time To: HHMM
3. Name: Than No. 6. Resources Assi	Molow	4. ICS Position: AMIVAL CONFWI	afficer	5. Home Agency (and Unit): City of Sucramento Animal (a
Nar	T	ICS Posit	ion	Home Agency (and Unit)
		PAGE 1	***************************************	
7. Activity Log: Date/Time	Notable Activities			
11/21/18	5An 800 REl 900 get	d to field place of Av ince, so precis logs availab the Brufu assignment	services numals. All se times Le.	reavests for evacuation into was filled at an and and assures assigned
	1700 in C	omplute,	roto ne	for De bruf
8. Prepared by: N	lame: CFnsch	Position/Title:	Sr. Animal Co	My Signature:
ICS 214, Page 1		Date/Time: Date	Officer	2/27/19

EMMA FORM 5 - IN	IDIVIDUAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number	
CAMP FIRE	11/1/1/1/1/2 9 2 1 1/2/1/2/
4. Name of Released	5. Position of Released Control Officer
(Returning via Airline Name & Flight Number,	MINISTER THOMAS CONTROL OFFICE
6. Transportation Type	
7. Actual Release Date/Time	8. MRT#
• 5000000	(RIMS Mission Tasking Number)
9. Destination (Location Agreed Upon)	10. Notified: Agency { } Region { } Area { } Dispatch { }
	(check one, list Information below)
	Name:
11.Cell Phone or Emergency Contact #	Time:
Tricen Frione of Emergency Contact #	
	Date:
12. EMMA Coordinator Name (Providing Juris	diction) Suc OES / GNDY MACHADO
1	13. Unit/Personnel
You have been released subject to sign off from	n the following:
(Demobilization Unit Leader check the appropri	
Logistics Section	Comment and Sign Off
EMMA	Form 3 — Voluntary Performance Rating Copy Provided? Y · N
{ } EMMA Coordinator EMMA	Form 4 - Exit Survey Provided? Y N
{ } Supply Unit	
{ } Communications Unit	
{ } Facilities Unit	
() Ground Support Unit	o support ICS
Plans/Intel Section	Comment and Sign Off
{ } Documentation Unit	
Finance/Admin Section	Comment and Sign Off
{ } Time Unit	
Other	Comment and Sign Off
{ }	
()	
14. Remarks	
No one was a	actually doing Dernois preparemork
15. Prepared by (include Date and Time)	. Huggins 2-27

EMMA	FORM	1-	RESOURCE	REQUEST
& ASSI	GNME	NT	•	

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name: Comp five Request Date / Time: publish

Approved RIMS Mission #: (May only be generated after EMMA resource

has been selected for assignment.)

Providing Jurisdiction Name: City of	o be completed by Sackamouto	y i Tovian	เม อนเเธนเ	suon)		
24 Hour Phone Number: (%) 54-557;	7					
EMMA Coordinator / PRIMARY Point of Cor	ntact Name: JAEE	HUGGENS				
Position / Title: CHIEF ANIMA				Alt Phone:	()	- ,
Fax: () - E-Mail: Shugg	ins@ cityof sucra	mentos os	ry			
Alternate Point of Contact (Optional):						
Position / Title:	Phone:	() -	i	Alt Phone:	()	<u>.</u>
Fax: () - E-Mail:						
Providing Jurisdiction Authorization: (The for Jurisdiction has made a good-faith effort to ensure the available for deployment. It is understood that this form EMMA Plan shall be without reimbursement unless oth Providing Jurisdictions. Such an agreement does not good the HUGALUS CHEFA Print Name and Title	potential EMMA resource(s) n does not constitute a contre erwise expressly provided fo guarantee state or federal rei	listed on this fo act with the Red r in a separate	rm is qualified to questing Jurisdic pre/post-events	o fulfill the corre	sponding re	quest and is
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(For Requesting Jurisdiction only: Check	this box to select EMMA	resource fo	r assignment.		III. \ mate = 0	-274-
	this box to select EMMA	resource fo	r assignment.	Phone: (4	ilb)541 - S	_
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Name: When Reynages Email: Iry ray Chyofsacrament Able to perform the tasks	Cell Phone: Availal No Security Cell applica	he for the police of the polic	r assignment. Alf	Phone: (4 ed above? No the		<u> </u>
Mame: When Regnager Email: Iry ray Cutyof Sacrament Able to perform the tasks described above? Equipment needed for deployment as	Cell Phone: Availal No Security Cell Phone Availal No Security Cell Applica	he for the police of the polic	All eriod specifications of the second specification and the second specif	Phone: (4 ed above? No the		S □ No
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Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0006808

Date 11/22/2018 11/23/2018 11/25/2018 11/29/2018

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Reynaga, Julian Armando

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FEDE FORCI	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD		HOME SY MAN	AND S AGEME	ECURIT ENT AGE IRY RE	Y CORD			PAGE)E	0F	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 nber 31, 2011
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FEMA Form 90-123 FEB 09													

1. Incident Name:		2. Operational Period:	Date From: //	5 C C C C C C C C C C C C C C C C C C C
3. Name:		4. ICS Position:		5. Home Agency (and Unit):
Ken C) WILLIAM ON S	Aumil Control	Fieldseure	
6. Resources Assi		1		L
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7. Activity Log:			THE RESERVE TO THE RE	
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8. Prepared by:	Vame: Olyn to	nsch Position/Title: S	S. Anima	Signature:
ICS 214, Page 1		Date/Time: Date	and the shoops of the same	1

EMMA FORM	5 - INDIVIDUAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number	2. Date/Time (Of Release Notification) 3. Arrival,Date/Time
CAMP FIRE	11/26/18 2000hrs 11/23/18 7A
4. Name of Released Doughas	5. Position of Released Control Officer
(Returning via Airline Name & Flight N	jumber, POV)
6. Transportation Type	
7. Actual Release Date/Time	8. MRT # (RIMS Mission Tasking Number)
9. Destination (Location Agreed Upo	n) 10. Notified: Agency { } Region { } Area { } Dispatch { }
	(check one, list information below)
	Name:
	Time:
11.Cell Phone or Emergency Contact #	Time:
	Date:
12. EMMA Coordinator Name (Provid	ding Jurisdiction) C DISC / C
	13. Unit/Personnel
You have been released subject to sig	
(Demobilization Unit Leader check the	
Logistics Section	Comment and Sign Off
	EMMA Form 3 - Voluntary Performance Rating Copy Provided? Y ' N
{ } EMMA Coordinator	EMMA Form 4 - Exit Survey Provided? Y N
{ } Supply Unit	
{ } Communications Unit	
{ } Facilities Unit	
Ground Support Unit	Field support ICS
Plans/Intel Section	Comment and Sign Off
{ } Documentation Unit	
Finance/Admin Section	Comment and Sign Off
{ } Time Unit	
Other	Comment and Sign Off
{ }	
{ }	
14. Remarks	
No one was	actually doing Dernois preparwork
15. Prepared by (include Date and Tim	nel J. Huggins 2-27

EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Animal Find Jurisdiction to match Parts A and B.)
& ASSIGNMENT (Rev. 2/27/13)	Incident Name: CAMP Fire
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: Multi-
Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: C.ty of SACRAME	of D
24 Hour Phone Number: (%) 597-557-7	
EMMA Coordinator / PRIMARY Point of Contact Name:	ee Huggins
Position/Title: CHIEF ANIMAL CONTROL Ph	
Fax: () - E-Mail: Shuggins@ cityof	sucramento, ovey
Alternate Point of Contact (Optional):	
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
available to deployment. It is understood that this form does not constitute	urce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the
LAVE HUNGETAIS CHOSE ANTWAY COM	
JACE HUGGINS CHIEF ANIMAL CONTR	Signature
Potential FMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select	
Name: Ken Doughas Cell P	779 5 100 100 100 100 100 100 100 100 100 100
	Available for the period specified above?
	urity Clearance Yes 🗆 No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Alo we equipment & trace	mg — — — — — — — — — — — — — — — — — — —
Special Skills / Certifications / Licenses:	
P.05.7	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:

Additional Comments:

Time Reported by Date by EmplID or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0001708

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Name	Douglas, Kenneth G	Douglas. Kenneth G	Douglas, Kenneth G		Totals for Douglas, Kenneth G	Totals for Department - Animal Enforcement/Field Ser																		
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NAME			DATES AND	ID HOURS	WORKED	HOURS WORKED EACH WEEK	EK				COSTS		1
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORM	ATION ABO	OVE WAS OF	STAINED FR	OM PAYROL	L RECORDS	S, INVOICES,	OR OTHER DOC	UMENTS T	HAT ARE AV.	AILABLE FOR A	'חסת'	
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Mincident Name:		2. Operational Period:		Date From: 11/2-1/18 Date To: Time From: HHMM Time To:				
3. Name: Maren Stud	IX.	4. ICS Position:	afficer	5. Home	e Agency (and Unit): FSacramento Anima) (a			
6. Resources Assi	gned:				Carl Manocharts A to Market Lon			
Nar	ne	ICS Posit	ion	F	lome Agency (and Unit)			
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7. Activity Log:	*							
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8. Prepared by:	Name: CFnscu	Position/Title:	Sr. Animal a	what Sign	nature: Illishus			
ICS 214, Page 1		Date/Time: Date	Officer		7/19			
		1	OFFICE	1/2				

EMMA FORM	5 - INDIVID	OUAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		11/25/18 2100 11/27/18 070
4. Name of Released MAKEIC	SLIWA	5. Position of Released Control Officer
(Returning via Airline Name & Flight I	Jumber, POV)	
6. Transportation Type	T	
7. Actual Release Date/Time	8. MRT	
C. Danisaria di Lancia	(RIMS N	Aission Tasking Number)
9. Destination (Location Agreed Upo		O , ()
	Name:	one, list information below)
	·	
to the state of th	Time:	
11.Cell Phone or Emergency Contact	f	
	Date:	
12. EMMA Coordinator Name (Provi	ding Jurisdiction)	Suc OES / Campy Marchano
V. I.		3. Unit/Personnel
You have been released subject to sig (Demobilization Unit Leader check the		wing:
Logistics Section		
Logistics Section .		omment and Sign Off
{ } EMMA Coordinator		oluntary Performance Rating Copy Provided? Y · N (it Survey Provided? Y N
{ } Supply Unit	LANDET COMPANY LA	in Survey (Tovided) 1 ly
{ } Communications Unit		
{ } Facilities Unit		
Ground Support Unit	1	ypout ICS
Plans/Intel Section	Co	mment and Sign Off
{ } Documentation Unit		3.60
Finance/Admin Section	Co	mment and Sign Off
{ } Time Unit		
Other	Со	mment and Sign Off
{ }		
{ }	***************************************	
14. Remarks		
No one was	gctum	ly dong Dernois paperwork
15. Prepared by (include Date and Tin	ne) \ \\	
	J. Hun	9.hs 2-27

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT	Request #: (Generated by Requesting Annul Full) Jurisdiction to match Parts A and B.) Service Incident Name: Cypy Cyp
(Rev. 2/27/13)	Incident Name: Camp Incident Name:
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made	Request Date / Time: // Approved RIMS Mission #:
available after Parts A and B are completed and attached.	(May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: C, ty of SACRAME	J0
24 Hour Phone Number: (%) 591-557;7	
EMMA Coordinator / PRIMARY Point of Contact Name:	et Huggins
Position / Title: CHIPF ANIMAL CONTROL Ph	
Fax: () - E-Mail: Shuggins@ Cityof &	sucramento, over
Alternate Point of Contact (Optional):	•
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fed	arce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the rided for in a separate pre/post-event agreement between the Requesting and eral relmbursement.)
JACE HUGGINS CHIEF ANIMAL CONTR	OL /
Print Name and Title 6FFi Co	Signature
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select i	EMMA resource for assignment.)
Name: MARK SLIWA Cell P	hone: Alt Phone: (96)54-5377
Email: @ Cityof Sacramento.org	wailable for the period specified above?
Able to perform the tasks Yes No Sec	urity Clearance Yes 🗆 No
Equipment needed for deployment as Specified above is available?	O Has been made aware of the expected working conditions?
Experience / EOC Position Credentials: CUTTEN + A CO WI Equipment & trans Special Skills / Certifications / Licenses:	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:

Additional Comments:

Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0003864

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100000	Oliva, Indian	11/2/2010	JOE	8.00	30.02	240.13
0003864	Sliwa, Marek	11/21/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	11/24/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	11/27/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	11/28/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	11/29/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	12/1/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	12/5/2018	REG	8.00	30.02	240.13
0003864	Sľiwa, Marek	12/6/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	12/7/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	12/8/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	12/12/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	12/13/2018	REG	8.00	30.02	240.13
0003864	Sliwa, Marek	11/25/2018	стот	2.00	30.02	60.03
	Totals for Sliwa, Marek			208.00		3,271.78
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	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	AENT O ERGEN UNT I	F HOME	SEAND S NAGEMI SUMM	AND SECURITY AGEMENT AGENCY UMMARY RECOR	Y ENCY CORD			PAGE		OF	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 aber 31, 2011
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greater detail a	15 to	Spr	みたの	20	NAC	7 7 A	4	手さ	re. Spec	りして	あってあ	to times	§ ,
longer avoula	Q			•									
NAME		Δ	ATES AN	ID HOUR	S WORK	DATES AND HOURS WORKED EACH WEEK	WEEK				COSTS		
JOB ТП.Е	DATE	11/27	82/11						TOTAL	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
Mayell stude.	REG.												
PAIM (Carlos) Office !!	0.T.	13.5	13.5		-		-		7.7	45.03			1215.8]
NAME	REG.												
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		1	OTAL COS	TS FOR FO	DRCE ACC	TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	OR REGUL	AR TIME	l				\$
			TOTAL (COST FOR	FORCE AC	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	BOR OVER	TIME					\$121581
I CERTIFY THAT THE INFORMATION ABOVE WAS OBT	INFORMAT	ION ABO	/E WAS O	STAINED F	ROM PAY	OLL RECO	RDS, INVO	ICES, OR OT	AINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	S THAT ARE A	VAILABLE FOR	AUDIT.	
CERTIFIED BY KNIK	ار					. Anim	אפן (Sr. Anjoured Control Of	2	10)	DATE 2	2/27/19	
FEWA Form 90-123, FEB 09													

1 Incident Name:		2. Operational Period:	Date From: □p	1-1		
3. Name: Sean (O)	an	4. ICS Position:	affrer	5. Home Agency (and Unit): City of Sucramento Animal (a		
6. Resources Ass				The same of the sa		
Na	me	ICS Posit	ion	Home Agency (and Unit)		
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7 Activity Law	Manager Control		· · · · · · · · · · · · · · · · · · ·			
7. Activity Log: Date/Time	Notable Activities					
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	are no con	ger availab	Ce.			
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	2000	retur tone	0			
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8. Prepared by:	Name: CFnsch	Position/Title: G	Sr. Animal Ca	A Signature: Olling 18		
ICS 214, Page 1	5111SI M	Date/Time: Date	Officer	7/27/19		
			Ollich	~ 2 1 1 5		

EMMA FORM 5 - IN	DIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		11/25/18 8pm 11/25/18 7A
4. Name of Released		5. Position of Released
Returning via Airline Name & Flight Number, P	101/	Annue Control Officer
6. Transportation Type	·UV)	
7. Actual Release Date/Time	8. MRT #	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ission Tasking Number)
9. Destination (Location Agreed Upon)	10. Notif	
,	(check or	ne, list information below)
	Name:	
	1_	
11.Cell Phone or Emergency Contact #	Time:	
	Date:	
12. EMMA Coordinator Name (Providing Jurisd		
		Unit/Personnel
You have been released subject to sign off from		
(Demobilization Unit Leader check the approprie	ate box)	ong:
Logistics Section		nment and Sign Off
EMMA Fo		luntary Performance Rating Copy Provided? Y ' N
{ } EMMA Coordinator EMMA Fo	orm 4 - Exit	Survey Provided? Y N
{ } Supply Unit		
{ } Communications Unit		
{ } Facilities Unit		
{ X Ground Support Unit fie) sy	•
Plans/Intel Section	Con	ment and Sign Off
{ } Documentation Unit		
Finance/Admin Section	Com	ment and Sign Off
{ } Time Unit	***************************************	
Other	Com	ment and Sign Off
{ }		
{ }		
14. Remarks		
No one was a	ctun	ly dong Dernors proporwork
15. Prepared by (include Date and Time)	Hugg	ns 2-27

Emergency Management Mutual Ald Flatt	
EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT	Request #: (Generated by Requesting Animal Full Jurisdiction to match Parts A and B.)
(Rev. 2/27/13)	Incident Name: CAMP FIXE
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: かりかり りのドラ
Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: (. ty of SACRAMEN	570
24 Hour Phone Number: (9k) 549-557,}	
EMMA Coordinator / PRIMARY Point of Contact Name:	EE HUGGENS
Position / Title: CHIEF ANIMAL CONSTRUCT Ph	
Fax: () - E-Mail: Dhuggins@ cityofs	sucramento, over
Alternate Point of Contact (Optional):	
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
available to deployment. It is understood that this form ones not constitute :	urce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the place of the production and the production are productions.
DACE HUGGINS CHIEF ANIMAL CONTR. Print Name and Title OFFICE	oi //
Print Name and Title Office	Signature
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select i	EMMA resource for assignment.)
Name: Sean Colan Cell P	hone: Alt Phone: (96)54-5377
Email: Scolar @ (Ayof Sacramento. oray	vailable for the period specified above?
Able to perform the tasks Wes No Sec	urity Clearance i☐ Yes ☐ No pplicable)?
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Alo will equipment & trans	~~~
Special Skills / Certifications / Licenses:	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
	Att Phone:

Additional Comments:

Time Reported by Date by EmpliD or Dept
From 11/21/2018 to 12/14/2018
From Department 21001011 to Department 21001441
TRC - % and EmplD - 0020082

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				The state of the s			
Deptid	Emplid	Name	Date	TRC	Hours	Rate	Amount
21001421	0020082	Colan, Sean	11/27/2018	CTO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/22/2018	HOL	8.00	22.33	178,66
21001421	0020082	Colan, Sean	11/23/2018	HOL	8.00	22.33	178.66
21001421	0020082	Colan, Sean	11/21/2018	TVO	4.50	22.33	100.49
21001421	0020082	Colan, Sean	11/24/2018	TVO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	1175/2078	TVO	10.00	2233	223.32
21001421	0020082	Colan, Sean	11/28/2018	TVO	100	22,33	11.17
21001421	0020082	Colan, Sean	11/29/2018	DVT	0.50	22.33	11.17
21001421	0020082	Colan, Sean	11/30/2018	L/0	2.50	22.33	55.83
21001421	0020082	Colan, Sean	12/1/2018	L/0	0,50	22.33	11.17
21001421	0020082	Colan, Sean	12/4/2018	TVO	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/5/2018	TVO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/6/2018	TVO	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/7/2018	T/00	1.25	22.33	27.92
21001421	0020082	Colan, Sean	12/8/2018	L/00	0.50	22.33	11.17
21001421	0020082	Colan, Sean	12/11/2018	TV0	4.75	22.33	106.08
21001421	0020082	Colan, Sean	12/12/2018	100	1.00	22.33	22.33
21001421	0020082	Colan, Sean	12/13/2018	TVO	0.50	22,33	11.17
21001421	0020082	Colan, Sean	12/14/2018	TVO	2.87	22.33	64.09
		Totals for Colan, Sean			198.37		1,080.20
		Totals for Department - Animal Enforcement/Field Ser			198.37		1,080.20
				***************************************	The same of the sa	-	Andrews Andrew

* OUT Rate should be 1.5x

FEDE FORCI	DEPAR ERAL I	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	MELAND SE MANAGEMEN OR SUMMAR	CURITY IT AGENC IY RECC	CY SRD		PAGE		OF	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 nber 31, 2011
SACKAMARAD CITY	5	Animal Cartral	Cartha	PA ID NO.		PROJECT NO.	.NO.		CAMO FIVE	ا بو	
W	4	BUHE	Canty			CATEGORY	خ لا		PERIOD COVERING	TELID COVERING 12 18 118	<u>∞</u>
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eran	3	and shown when to NVADA at that time. Specific Stear lend times are	N CH TO	/ADA	する	at the	e.spec	FC ST	arr lev	ud threes	are
nd longer available	٠ ٩		_								÷
AAME C. C. C.		DATES AN	AND HOURS	WORKED I	D HOURS WORKED EACH WEEK				COSTS		
IN TO	DATE	11/25/18					TOTAL HOURS	HOURLY	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
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ов тітге	0.T.	0			and the second		0	12,33			\$334.95
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		TOTAL	TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	CE ACCOUR	VT LABOR REGL	LAR TIME					G
		TOT	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	RCE ACCO	UNT LABOR OV	RTIME					si334.95
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORM	IATION ABOVE WA	S OBTAINED FRO	M PAYROLI	L RECORDS, INV	OICES, OR OTHI	ER DOCUMENT	S THAT ARE A	VAILABLE FOR	AUDIT.	
RTRED				тте					DATE		

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment.
The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting
Jurisdiction to match Parts A and B.)

Incident Name: CAMP FM

Request Date / Time: Multiput /

Approved RIMS Mission #:

(May only be generated after EMMA resource has been selected for assignment.)

PART B (To be complet	ted by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAME	UTO
24 Hour Phone Number: (916) 549-557-7	
EMMA Coordinator / PRIMARY Point of Contact Name:	act Huggins
Position/Title: CHIPF ANIMAL CONTROL PROPERTY	
Fax: () - E-Mail: Shuggins@ cityof.	sucramento, over
Alternate Point of Contact (Optional):	<u> </u>
Position / Title: Ph	none: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
EMMA Plan shall be without reimbursement unless otherwise expressly proproviding Jurisdictions. Such an agreement does not guarantee state or fec	surce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the vided for in a separate pre/post-event agreement between the Requesting and deral reimbursement.)
SACE HUGGINS CHIEF ANIMAL CONTR. Print Name and Title OFFICE	uol /
Print Name and Title 6+60	Signature
Potential EMMA B	
1 Otential Living A	Resource Information:
(For Requesting Jurisdiction only: Check this box to select	
Name: John Sen Tran Cell F	
Name: John Sen Tran Cell F	EMMA resource for assignment.)
Name: John Sen Tran Cell F Email: Hran Cutyof Sacramento org Able to perform the tasks Sec	EMMA resource for assignment.) Phone: Alt Phone: (916)5+1-53子子
Name: John Sen Tran Cell F Email: Hran Cutyof Sacramento org Able to perform the tasks Sec	EMMA resource for assignment.) Phone: Alt Phone: (9b)5+1-53-3-7 Available for the period specified above? Lives No period specified above? Pres No period specified above? Has been made aware of the
Mame: John Sen Tran Cell F Email: JHran Cutyof Sacramento org Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Current Alo wil Equipment & trans	EMMA resource for assignment.) Phone: Alt Phone: (9b) 54 - 5337 Available for the period specified above? Lives No curity Clearance Yes No No Has been made aware of the expected working conditions?
Mame: John Sen Tran Cell F Email: JHran Cutyof Sacramato org Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Correct Alo will equipment that the transpecial Skills / Certifications / Licenses:	EMMA resource for assignment.) Phone: Alt Phone: (9b) 54 - 5337 Available for the period specified above? Lives No curity Clearance Yes No No Has been made aware of the expected working conditions?
Mame: John Sen Tran Cell F Email: JHran Cutyof Sacramento org Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Current Alo wil Equipment & trans	Phone: Alt Phone: (96)54-5337 Available for the period specified above? Dyes No Surity Clearance Pes No Has been made aware of the expected working conditions? Cell Phone: Alt Phone:
Mame: John Sen Tran Cell F Email: Jerun Outyof Sacramento org Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Correct A Co will equipment the tasks of the second o	Phone: Alt Phone: (96)54-5337 Available for the period specified above? Eurity Clearance Yes No No Has been made aware of the expected working conditions?

Time Reported by Date by EmplID or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0020506

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Deptid 21001421	Emplid	Name Tana Ishaasa	Date	TRC	Hours	Rate	Amount
200770	0020200	I SI I S	12/6/2018	CTO	5.00	31.41	157.04
24001421	0020308	I ran, Johnson	12/8/2018	CTO	8.00	31.41	251.27
21001421	002030	I ran, Johnson	11/22/2018	HOL	8.00	31.41	251 27
21001421	0020506	Tran, Johnson	11/23/2018	HOL	800	34 41	251.07
21001421	0020506	Tran, Johnson	11/21/2018	SAC	0.50	1.10	12.162
21001421	0020506	Tran, Johnson	11/24/2018	BEG	000	4.10	13.70
21001421	0020506	Tran, Johnson	11/27/2018	я Э. П. В.	00.0	4.7.40	72.1.27
21001421	0020506	Tran. Johnson	11/28/2018	DE C	9	1	17107
21001421	0020506	Tran Johnson	11,000,000	2 0	00.00	31.41	72.1.27
21001421	OUSDEDE	Total Total	11/23/2010	פון איני	8.00	31.41	251.27
24004424	0020200	I ran, Johnson	11/30/2018	REG	8.00	31.41	251.27
21001421	0020200	I ran, Johnson	12/1/2018	REG	8,00	31.41	251 27
12410012	9050500	Tran, Johnson	12/11/2018	RFG	00 8	24.64	1000
21001421	0020506	Tran Johnson	12/12/2010	0 1	5.0	4:0	17:107
21001421	0020508	Townson The	12/12/2018	אַנוּכ	8.00	31.41	251.27
24004424	000000	וומצוווילילווי	12/13/2018	REG	8.00	31.41	251.27
2100142	9050200	Tran, Johnson	12/14/2018	REG	8.00	31 41	251 27
21001421	0020506	Tran_Johnson	12/7/2018	L A & A	000		231.27
21001421	りつつのものを	Translation and and	01021121		8.00	31.41	251.27
21001421	2020200	Harry College	12/5/2018	HYAAM	4.00	31.41	125.63
71.00.7	0020200	เลก บอกกรอก	12/4/2018	PTSAM	8.00	31.41	251.27
		Totale for Tran Johnson					
		locals for frail, John Son			162.00		4,067.37
		Totals for Department - Animal Enforcement/Field Ser			162.00		4,067.37

* OUT Rate Should be 1.5x

FED! FORG	DEPAR ERAL I	DEPARTMENT OF HOMEL DERAL EMERGENCY MANY SE ACCOUNT LABOR S	OF HON ENCY M		AND SECURITY GEMENT AGEN JIMMARY REC	TY TENCY ECORD			PAGE		OF	O.M.B. No Expires Dece	O.M.B. No. 1660-0017 Expires December 31, 2011
SACKAUMENTO CITY	2	AMIN	Muinas Carbo	who	PA II	PA ID NO.		PROJECT NO.	T NO.	ă O	DISASTER CRIMO FIVE	Ą	
LOCATIONSITE PARTOLINE (4	多	4	Butte Camby				CATEGORY	IRY	品 一	EXIOD COVERING	HI 18 18-12 18 18	18
	Z	%	Des	of the	中	r Rek	» Ser	MERS	Inters	when	A sasu	town of Paraelise for Geld Services, Information was filted at in	٠ <u>ځ</u>
-	3 3	Mans	14/20	マロス	WAI	24 P	t tha	十十十	k, spec	S OF	なとての	nd times	3
longer avoul	9				•								
NAME			DATES AND	ND HOUR	S WORK	HOURS WORKED EACH WEEK	WEEK				COSTS		
JOB TITLE	DATE	8)/02/11	11/82/18	-					TOTAL	HOURLY	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
Men Tran.	REG.												
Sasing Animal Control	0.T.	13	5		•				97	\$31.41			41,224.99
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NAME	REG.												
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			TOTAL CO	STS FOR FC	RCE ACC	TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	R REGULA	R TIME					49-
			TOTAL	COST FOR I	FORCE A	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	OR OVERT	TME					\$ 1,224.99
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORM	ATION ABO	OVE WAS C	BTAINED FF	ROM PAY	ROLL RECOR	US, INVOIC	ES, OR OTH	ER DOCUMENT	S THAT ARE A	VAILABLE FOR	AUDIT.	
СЕКТІЯЕD					THE						DATE	ш	
			The second second							The state of the s			

ACTIVITY LOG (ICS 214) 1 Incident Name: Date From: 1123 + 27Date To: 17/23 + 1/30 2. Operational Period: oump tire Time From: HHMM Time To: HHMM Name: 4. ICS Position: 5. Home Agency (and Unit): affrer 1 WUM Minne ity of Sacramento Animal Cartri, COMPA 6. Resources Assigned: Name **ICS** Position Home Agency (and Unit) 7. Activity Log: Date/Time Notable Activities Field services requests for evacuation place of Animals. All into who filled at an of senice, so precise times no longer available 1800 1800 2000 Name: C Frisch Position/Title: St. Amirnal Cardon Signature: 8. Prepared by: ICS 214, Page 1 Officer Date/Time: Date

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time, (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		11/30/18 1800 11/23/18 07a
4. Name of Released	on Raminez	5. Position of Released Control Officer
(Returning via Airline Name & Flight I	lumber, POV)	The state of the s
6. Transportation Type		
7. Actual Release Date/Time	8. MRT	
		ission Tasking Number)
9. Destination (Location Agreed Upo		
		ne, list information below)
	Name:	
	Time:	
11.Cell Phone or Emergency Contact #	1 1	
	Date:	
12. EMMA Coordinator Name (Providence of Providence of Pro	ling Jurisdiction) C	450
		MC OES / CENDY MACHADO
		Unit/Personnel
You have been released subject to sign	n off from the follow	ing:
(Demobilization Unit Leader check the		
Logistics Section		nment and Sign Off
{ } EMMA Coordinator	EMINIA Form 3 - Vo	luntary Performance Rating Copy Provided? Y · N
{ } Supply Unit	EMMA Form 4 - Exit	Survey Provided? Y N
{ } Communications Unit		
{ } Facilities Unit		
Ground Support Unit	Field SW	pmA IZS
Plans/Intel Section	Com	ment and Sign Off
{ } Documentation Unit		
Finance/Admin Section	Com	ment and Sign Off
{ } Time Unit	COIL	ment and sign on
Other	Com	ment and Sign Off
{ }	Coll	ment and Sign Off
{ }	1. 3-100-100-1	
14. Remarks		
No one was	qctum	ly dong Dernors paperwork
15. Prepared by (include Date and Tim	e) J. Hugg	hs 2-27

EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)
& ASSIGNMENT (Rev. 2/27/13)	Incident Name: CAMP Are Services
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: milhytc /
Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMO	sa sy i fortanig bullsulction)
24 Hour Phone Number: (%) 597-557-7	
EMMA Coordinator / PRIMARY Point of Contact Name:	EE HUGGINS
Position/Title: CHIFF ANIMAL CONTROL Ph	one: (916)577-5377; Alt Phone: ()
Fax: () - E-Mail: Shuggins@ Cityofs	
Alternate Point of Contact (Optional):	U
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
EMMA Plan shall be without reimbursement unless otherwise expressly prov Providing Jurisdictions. Such an agreement does not guarantee state or fed	a contract with the Requesting Jurisdiction. Mutual aid extended under the ided for in a separate pre/post-event-agreement between the Requesting and eral reimbursement.)
DALE HUGGINS CHIEF ANIMAL CONTR. Print Name and Title OFFICE	or /
Print Name and Title Office	Signature
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select t	EMMA resource for assignment.)
Name: Clinton Kommer Cell Pl	hone: Alt Phone: (96)54-5377
The state of the s	vailable for the period specified above? No
	urity Clearance Yes No
Equipment needed for deployment as Specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Alo will equipment & train	~~~
Special Skills / Certifications / Licenses:	U
- morganov Contact Name	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
Additional	Comments:

Time Reported by Date by EmplID or Dept From 11/21/2018 to 12/14/2018 From Department 21001441 TRC - % and EmplD - 0020271

Sacpy07

Amount	183.01	297.40	45.75	22.88	45.75	4.11	205.89	4.11	22.88	11.44	22.88	11.44	183.01	183.01	183.01	183.01	183.01	183,01	183.01	2,173.29	
Rate	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88	22.88		
Hours	8.00	13.00	2.00	1.00	2.00	0.50	9.00	0.50	1.00	0.50	1.00	0.50	8.00	8.00	8.00	8.00	8.00	8.00	8.00	171.00	
TRC	일	D\0	100	70	₽	50	T/0	70	₩ 1	70	70	50	REG	REG	REG	REG	REG	REG	REG		
Date	11/22/2018	11/23/2018	11/26/2018	11/27/2018	11/28/2018	11/29/2018	11/30/2018	12/3/2018	12/10/2018	12/11/2018	12/12/2018	12/13/2018	11/21/2018	11/25/2018	12/2/2018	12/4/2018	12/5/2018	12/6/2018	12/9/2018		
	Clinton	Clinton	Slinton	Clinton	Clinton	Clinton	Slinton	Slinton	Slinton	Clinton	Slinton	Clinton	Zinton	Clinton	Slinton	Slinton	Slinton	Slinton	Slinton	Totals for Ramirez, Clinton	
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Emplid	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271	0020271		
Deptid	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421		

2,173.29

171.00

Totals for Department - Animal Enforcement/Field Ser * OUT rate should be 15x

	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	ENT OF RGENC	HOMELA Y MANAG BOR SU	ND SEC SEMENT WIMMAR	LURITY FAGENC V RECO	∵ RD			PAGE		OF	O.M.B. No. Expires Dece	O.M.B. No. 1660-0017 Expires December 31, 2011
SACKALLARAND CHA		Animas	Cartral	9	PAID NO.		Δ.	PROJECT NO.		E C	DISASTER CAMO GVE	¥	
DESCRIPTION OF WORK PERFORMED	~	BUTE	Cant	I			0	CATEGORY	Market .	H _	PERIOD COVERING	11 18 18 - 12 18 18	<u>⊗</u>
	town of Para		Syracle	8	कें	recol	Service	PS. Th	So vac	10 Jan 21-21	than the	Paraellise for Geld Services, Information was filled at in	· 구 출
longer availad		1	3	3	A DA	3	3	· ·	}	<i>)</i>			į
AME		DAY	DATES AND H	OURS W	ORKED E	HOURS WORKED EACH WEEK	ΙK				COSTS		
ов тпле	DATE $ t/L $	12/18/18	30/13				•	- T	TOTAL	HOURLY	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
iton Ravinez	REG.					-							
brima (ontro) officer	0.T. (3		6		-			12	22	22.88			\$ 755.0V
	REG.												
зв тпт.Е	0.T.												
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		TOT	TOTAL COSTS FO	OR FORCE	ACCOUNT	T LABOR RE	FOR FORCE ACCOUNT LABOR REGULAR TIME						49
		1	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	FOR FOR	CE ACCOU	NT LABOR (OVERTIME						40.35C\$
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	NFORMATION	N ABOVE 1	WAS OBTAIN	ED FROM	PAYROLL	RECORDS,	INVOICES, OI	R OTHER DO	CUMENTS	THAT ARE A	VAILABLE FOR	AUDIT.	
KTIFIED				F	тте						DATE		

1 Incident Name:		2. Operational Period:	Date From: \		
3. Name: Nami-Bett	McCall	4. ICS Position:	affirer	5. Home Agency (ar City of Surmmer	nd Unit):
6. Resources Assi	gned:			The Million	all Thinking Teal
Nar	ne	ICS Posit	ion	Home Agency	(and Unit)
			MARIAN AND AND AND AND AND AND AND AND AND A		
v					
7. Activity Log:		- And the Annual An			
Date/Time	Notable Activities				
	responde	nd to Field n place of Ar mice , so precin lager availab	services	requests to	evacuation
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	aues of st	me sopre	se times	and lesavie	es assigned
	are no lon	iger availab	le.		7
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11/30/10 30	0.()				
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7	600 eng)	Shuft			
F)					
					-/)
8. Prepared by: N	lame: CFnscu	Position/Title: 9	51. Animal G	A Signature (Pishere
ICS 214, Page 1		Date/Time: Date	Officer	2/27/19	
			Ollich	~ 4115	

EMMA FORM	5 - IND	DIVIDUAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		12/2/18 /860 11/30/18 070
A Name of Polonged	McCar	100 Tax 141
(Returning via Airline Name & Flight N	lumber, POV	V)
6. Transportation Type	-	
7. Actual Release Date/Time	8	8. MRT#
	(1	(RIMS Mission Tasking Number)
9. Destination (Location Agreed Upor		10. Notified: Agency { } Region { } Area { } Dispatch { }
	(0	(check one, list information below)
		Name:
	n ng .	(. * *
11.Cell Phone or Emergency Contact #	Т	Tîme:
Tirem Phone of Emergency Contact #		
	D	Date:
12. EMMA Coordinator Name (Provid	ling Jurisdict	ction) Sac OES / CENDY MARIHADO
		13. Unit/Personnel
You have been released subject to sign	n off from th	he following:
(Demobilization Unit Leader check the		
Logistics Section	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Comment and Sign Off
	EMMA Forn	rm 3 - Voluntary Performance Rating Copy Provided? Y · N
{ } EMMA Coordinator		m 4 - Exit Survey Provided? Y N
{ } Supply Unit		
{ } Communications Unit		
{ } Facilities Unit		
Ground Support Unit	Field	Support ICS
Plans/Intel Section		Comment and Sign Off
{ } Documentation Unit		
Finance/Admin Section		Comment and Sign Off
{ } Time Unit		
Other		Comment and Sign Off
{ }		
{ }		
14. Remarks	T WILL	
No one was	90	ctuly dong Dernors preperwork
15. Prepared by (include Date and Tim	ne) <u> </u>	Huggins 2-27

E	MMA	FORM	1-	RESOURCE	REQUEST
&	ASS	IGNME	NT		

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Amml field Jurisdiction to match Parts A and B.)

Incident Name: Camp fim

Request Date / Time: with file /

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

PART B (To be comp	oleted by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRA	mauto
24 Hour Phone Number: (9%) 549-557.7	
EMMA Coordinator / PRIMARY Point of Contact Name:	JAEF HUGGENS
Position/Title: CHIFF ANIMAL CONTROL OFFICEY	Phone: (916) 537-5373; Alt Phone: () - ,
Fax: () - E-Mail: Shuggins@ cityo	of sucramento, org
Alternate Point of Contact (Optional):	V
Position / Title:	Phone: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
available for deployment. It is understood that this form does not constit EMMA Plan shall be without reimbursement unless otherwise expressly Providing Jurisdictions. Such an agreement does not guarantee state of	
SACE HUGGINS CHIEF ANIMAL CO Print Name and Title OFF	NTHOL /
Finit Name and Title 077	Signature
	A Resource Information:
(For Requesting Jurisdiction only: Check this box to set	lect EMMA resource for assignment.)
e .	ell Phone: Alt Phone: (96)54-5377
Emall: @ Cityofshernmento.org	
	Available for the period specified above?
Able to perform the tasks	Available for the most of any training
Able to perform the tasks described above? No Equipment needed for deployment as	Available for the period specified above?
Able to perform the tasks described above? No Equipment needed for deployment as	Available for the period specified above? Security Clearance Yes No No Has been made aware of the expected working conditions?
Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Current Alo will equipment it to	Available for the period specified above? Security Clearance Yes No No Has been made aware of the expected working conditions? No expected working conditions?
Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Corrent Alo wlegopout to the Special Skills / Certifications / Licenses:	Available for the period specified above? Security Clearance Yes No No Has been made aware of the expected working conditions? No No Has been made aware of the expected working conditions?

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0020933

Sacpy07

Amount	192.39	304.78	48.10	48.10	16.83	240.49	192.39	192.39	192.39	192.39	192.39	192.39	192 39	164.26	192.39	192.39	192.39	180.37	3,199.27	3,199.27
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Name McCall Nacmi Reft	McCall Naomi-Beth	McColl Noomi Doth		McCall, Naomi-Beth	Totals for McCall, Naomi-Beth	Totals for Department - Animal Enforcement/Field Ser														
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SACKAUMEND CH	2	AUIN	Animal Can	lath	PA ID NO.			PROJECT NO.			DISASTER CAMORIC	ارو ا	
V	A	BUHE	1	Cont		The state of the s		CATEGORY			TOD COVERING	PERIOD COVERING 12/18/18	<u>⊗</u>
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longer availad	, q		2	2	V III DE	3	3	· ·	}	,			8
NAME			DATES AND		WORKED	HOURS WORKED EACH WEEK	EK				COSTS		
ЈОВ ТПГ.Е	DATE	1/30/18	1/1/18	8/4/18			·	F T	TOTAL	HOURLY	BENEFIT	TOTAL HOURLY RATE	TOTAL
Naomi-Belln McCall	REG.												
Animal Control Officer	O.T.	15	15	જા		•		(C)	38	12405	- AAAAAAAAA		\$ 1,371.99
JAME	REG.												
ов тпл.	0.T.												
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			TOTAL COS	TS FOR FOR	CE ACCOU	NT LABOR F	TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	WE					\$ 1,371.99
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	NFORM	TION ABO	IVE WAS OF	TAINED FRO	M PAYROL	L RECORDS	, INVOICES,	OR OTHER DO	CUMENTS	THAT ARE AV	AILABLE FOR	AUDIT.	
RTIFIED				140	TITLE						DATE		

EMMA	FORM	1-	RESOURCE	REQUEST
& ASS	IGNME	NT	•	

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and extended.

Request #: (Generated by Requesting Annul Ruld)
Jurisdiction to match Parts A and B.)

Incident Name: CAMP Fire

Request Date / Time: MJ + 1PM /

Approved RIMS Mission #:

(May only be generated after EMMA resource

has been selected for assignment.)	
PART B (To be completed by Providing Jurisdiction)	
Providing Jurisdiction Name: City of SACRAMENTO	
24 Hour Phone Number: (916) 549-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGIUS	
Position / Title: CHIEF ANIMAL CONTROL Phone: (916) 599-5377. Alt Phone: ()	- ,
Fax: () - E-Mail: Dhuggins @ cityof sucramento, over	
Alternate Point of Contact (Optional):	
Position / Title: Phone: () - , Alt Phone: ()	- ,
Fax: () - E-Mail:	
Providing Jurisdiction Authorization: (The following signature of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding reavailable for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event-agreement between the Reproviding Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)	equest and is
DACE HUMGINS CHIEF ANIMAL CONTROL Print Name and Title OFFICE Signature	
Print Name and Title A-Vi(-2)	
Potential EMMA Resource Information:	
Potential EMMA Resource Information: (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)	ezna.
Potential EMMA Resource Information: (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)	
Potential EMMA Resource Information: (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.) Name: Allista Nicolar Cell Phone: (96) 584 1857 Alt Phone: (96) 584	5377 es □ No
Potential EMMA Resource Information: (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.) Name: Allista Niulston Cultyofsacramento org Available for the period specified above? Able to perform the tasks Potential EMIMA Resource Information: Cell Phone: (916) 584 1857 Alt Phone: (916) 574 - Available for the period specified above? Security Clearance	
Potential EMMA Resource Information: (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.) Name: Allisia Nicola Colly of Sacramento or Available for the period specified above? Available for the period specified above? Available to perform the tasks Wes No Security Clearance (If applicable)? Equipment needed for deployment as	es 🗆 No
Potential EMMA Resource Information: (For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.) Name: Allisia Ningsia Chapter and Congressian and Security Clearance (If applicable)? Available for the period specified above? Available for the period specified above? If applicable and the tasks of the specified above is available? Equipment needed for deployment as specified above is available? The security Clearance (If applicable)? If applicable is a specified above is available? The security Clearance (If applicable)? The security Clearance (If applicable)?	es No

Time Reported by Date by EmplID or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0017125

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Date 11/22/2018 11/23/2018 11/21/2018	11/29/2018 11/28/2018 11/29/2018 11/30/2018 12/10/2018	12/12/2018 12/12/2018 12/13/2018 12/14/2018 12/14/2018 12/5/2018 12/5/2018	
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DE FEDEI FORCE	DEPARTMENT OF HOMEL DERAL EMERGENCY MANA SE ACCOUNT LABOR SI		AND SECURITY GEMENT AGEN UMMARY REC	JRITY Agency Record	•	PAGE		OF	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 nber 31, 2011
SACIZIMENT CH		Humal Cartai		PA ID NO.	PR	PROJECT NO.	SEO.	DISASTER Como five	ا پو	
LOCATIONISTE Paradux, CA		te County	五		CA	CATEGORY	田	ROD COVERING	PERIOD COVERING 12/18/18	<u>∞</u>
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NAME		DATES AND H	TOURS WO	HOURS WORKED EACH WEEK	EEK			COSTS		
			_						TOTAL	
JOB TITLE	DATE (1/21/18				,	TOTAL	HOURLY	BENEFIT RATE/HR	HOURLY RATE	COSTS
Allisan Nielson	REG.									
anine) Manager	o.T.			,		h	\$41.23			\$865,83
)	REG.									
JOBITILE	O.T.									
	REG.									
JOB TITLE	0,T,									
NAME	REG.									
JOB TITLE	o.T.									
		TOTAL COSTS	FOR FORCE	FOR FORCE ACCOUNT LABOR REGULAR TIME	REGULAR TIME					\$ 365.83
		TOTAL COS	T FOR FORC	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	ON OVERTIME					u 4
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTA	FORMATION AB	OVE WAS OBTAI	NED FROM	PAYROLL RECORE	JS, INVOICES, OR	AINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	IS THAT ARE AN	VAILABLE FOR	AUDIT.	
СЕКТІРІЕ			F	TITLE	:	•		DATE		

Ancident Name:	2. Operational Period:	Date From: II	20, 11/28-24 Date To: 10/20 + 11/29/29 HIMM Time To: 11HIMM
3 Name:	4. ICS Position:	0.0	5. Home Agency (and Unit): City of Sucramento Anima) (a
6. Resources Assigned:			
Name	ICS Posi	tion	Home Agency (and Unit)
7. Activity Log:		WWW	
Carres of 2	ed to Field in place of An enrice, so precise available SIPS, en du Calls	SP times ple.	recoverts for enacuation into who filled out an and plesarres assigned 5554 muts Lo Debnut Lo
8. Prepared by: Name: CFnsc	Position/Title	Sr. Animal a	Signature: Musical 2
ICS 214, Page 1	Date/Time: Date	Officer	2/27/19

EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Animal Falls) Jurisdiction to match Parts A and B.)
& ASSIGNMENT (Rev. 2/27/13)	Incident Name: Cramy fine Services
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made	Request Date / Time: / / Approved RIMS Mission #: (May only be generated after EMMA resource
available after Parts A and B are completed and attached.	has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAME	U10
24 Hour Phone Number: (916) 599-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name:	het Huggins
Position / Title: CHIPF ANIMAL CONTROL Ph	one: (१६६) ५७१-५३२२ Alt Phone: () -
Fax: () - E-Mail: Shuggins @ city of &	
Alternate Point of Contact (Optional):	· ·
Position / Title: Ph	one: () - , Alt Phone: () -
Fax: () - E-Mail:	
	arcels) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the
LAVE HUBGITHS CHOST ANDREWS	
DALE HUGGINS CHIEF ANIMAL CONTR. Print Name and Title OFFICE	Signature
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select to	
Name: CALYN Soms Cell P	
Total Comment	wailable for the period specified above? No
Able to perform the tasks	urity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Alo wil equipment & trans	my a
Special Skills / Certifications / Licenses:	U
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
Additional	Comments:

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: Assignment Location (EOC, CommPosition/Task: Shift (Day / Night): Assignment Dates: Number of Shifts (In days, do not in	×	tc.):		
 A. Mobilization Process: Alert Notification Recruitment Assignment Briefing Comments (Attach an addition 	Excellent Excellent Excellent Excellent al page if necess	☐ Good ☐ Good ☐ Good ary):	Poor Poor Poor	
 B. Assignment Support: Travel Arrangements EOC In-processing Deployment Support Kit SOPs/Forms Comments (Attach an addition) 	Excellent Excellent Excellent Excellent Excellent al page if necess	Good Good Good Good Good ary):	Poor Poor Poor	□ N/A
 C. Demobilization Process: EOC Out-processing Personal Expense Reimbursement Post-Assignment Debriefing Overall Experience Comments (Attach an additional 	Excellent Excellent Excellent Excellent Excellent al page if necess	☐ Good ☐ Good ☐ Good ☐ Good Ary):	Poor Poor	

D. General Comments/Suggestions

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0018911

Sacpy07

Emplid	Name	Date	TRC	Hours	Rafe	Amount
0018911	Jones, Calyn	11/22/2018	HOL	8.00	30.64	245 14
0018911	Jones, Calyn	11/23/2018	HYE	00 8	79.00	245.14
0018911	Jones, Calvn	11/01/001R	10/0	900	10.00	440.14
0018911	Capacida Salar	0.0001010	200	0.00	30.04	183.85
770070	Solles, Calyl	8102/27/11	CAS	0.50	30.64	15.32
00100	Jones, Calyn	11/27/2018	SVO	0.75	30.64	22.98
1188100	Jones, Calyn	11/28/2018	OVS	1.00	30.64	30 64
0018911	Jones, Calyn	11/29/2018	OVS	00 6	30.6	07 270
0018911	Jones, Cafyn	11/30/2018	5/0	0000	10.00	27.0.70
0018911	lones Calm	42/2/2/20	9 9	00.7	20.04	28.026
00100	Control Cargo	12/2/2018	200	1.00	30.64	30.64
1180100	Jones, Calyn	12/3/2018	ovs	1.00	30.64	30.64
118911	Jones, Calyn	12/4/2018	ovs	0.50	30.64	45.33
0018911	Jones, Calyn	12/5/2018	OVS	27.0	30.64	20.00
0018911	Jones, Calyn	12/6/2018	SAC	3.0	1000	20.30
0018911	Jones Calvo	42/8/2018	9 6	0.0	50.00	22.38
0018011		01/0/21	200	2:00	30.64	61.28
00100	John Calyii	12/9/2018	SAO	0.50	30.64	15.32
1 60100	Jones, Calyn	12/10/2018	OVS	1.50	30.64	45 96
0018911	Jones, Calyn	12/11/2018	SAO	0.50	30.64	45.33
0018911	Jones, Calyn	12/12/2018	5//0		000	70.00
0018911	myle Capaci	0000000		00.1	30.04	30.54
00100	Joines, Caryll	12/13/2018	SAO	1.00	30.64	30.64
180100	Jones, Calyn	11/26/2018	REG	8.00	30,64	245 14
0018911	Jones, Calyn	12/1/2018	SB9	1.00	30.64	30.64
						5
	Totals for Jones, Calyn			190.75		2,137.29
	Totals for Bonastonous			and the second s		
	Enforcement/Field Ser			190.75		2,137.29

OUT part should be 1.5%

APPLICANT COLLAGE CALTED PAID PRO PROJECT PROJ	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	PAGE OF	O.M.B. No. 1660-0017 Expires December 31, 2011
TION OF WORK PERFORMED JOYNEC TO CONSER CROBENT CONSER CROB	PA ID NO. PROJECT NO.	DISASTER	Offive
Cartect to cate analy	CATEGORY	PERIOD COV	PERIOD COVERING 11 18 18 - 12 18 18
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and Amen	ONVADE at that time.	specific start	iona timas an
DATES AND REG.			
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	-	45.96	2200,008
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0.Т.			
TOTAL COSTS FOR FORCE ACCO	TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME		\$
TOTAL COST FOR FORCE ACC	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME		\$220018
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	VED FROM PAYROLL RECORDS, INVOICES, OR OTHER D	OCUMENTS THAT ARE AVAILABL	
CERTIFIED CHONNELL	TIME (A) MINNER (A) Officer	Acer	DATE 2/27/19

FEWA Form 90-123, FEB 09

1 Incident Name:		2. Operational Period:	Date From: 12	MM Time To: 12/6 + 12/	14							
3. Name:		4. ICS Position:		5 Home Agency (and Unit):								
Enthon Rec		Anunal care tech	alclan	V 1 1 0	vant si							
6. Resources Assign												
Name		ICS Posi	tion	Home Agency (and Unit)								
,												
7. Activity Log:												
	lotable Activities	<u> </u>	, F.	,								
	provided	Humad Con	re + Hu	Sbandry to anyma	lo							
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8. Prepared by: Nam	ne:	Position/Title:		Signature								
ICS 214, Page 1		Date/Time: Date		Signature:								
		Date/ Time. Date										

EMMA FORM !	5 - INDIVID	UAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number		2. Date/Time (Qf Release Notification)	3. Arrival Date/Time
CAMP FIRE		12/10/18 1800	12/6/18 070
4. Name of Released Br. Hay	Ridge	5. Position of Released	Officer 5/180/0
(Returning via Airline Name & Flight N	mber, POV)		
6. Transportation Type			
7. Actual Release Date/Time	8. MRT #		**************************************
9. Destination (Location Agreed Upon		ssion Tasking Number)	***
5. Destination (Location Agreed Opon		C () Megioni [] Alcd []	Dispatch { }
	Name:	ne, list information below)	
	Teatric.		
11 Call Dhana and Call	Time:		
11.Cell Phone or Emergency Contact #			
	Date:		
12. EMMA Coordinator Name (Provid	ing Jurisdiction) S	IL OES / GNDY MARIN	
		Unit/Personnel	AVO
You have been released subject to sign			
(Demobilization Unit Leader check the	an nom the follow	ing:	
Logistics Section		nment and Sign Off	1 11 11 11 11 11 11 11 11 11 11 11 11 1
		luntary Performance Rating Copy Provided	VAN
{ } EMMA Coordinator	EMMA Form 4 - Exit	Survey Provided? Y N	TH
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
Ground Support Unit	Feld sw	port ICS	-
Plans/intel Section	Com	ment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section	Com	ment and Sign Off	Three Trees Three parts that the
{ } Time Unit			
Other	C		
{ }	Com	ment and Sign Off	
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14. Remarks		***************************************	- Tennanda
ST PO DECEMBER AND A STATE OF THE STATE OF T	q ctu	ly dong Demois	paperwork
15. Prepared by (include Date and Time	1 S. Hugg	ns 2-27	

EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)									
& ASSIGNMENT (Rev. 2/27/13)	Incident Name: CAMP Fine									
Part A of this form must be attached to a RIMS Mission Request when the	Request Date / Time: withing /									
request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)									
PART B (To be complet	ed by Providing Jurisdiction)									
Providing Jurisdiction Name: City of SACRAME	010									
24 Hour Phone Number: (9%) 599-557;}										
EMMA Coordinator / PRIMARY Point of Contact Name:	REE HUGGINS									
Position / Title: CHIPF ANIMAL CONTROL PH										
Fax: () - E-Mail: Shuggins @ city of sucramen to, orey										
Alternate Point of Contact (Optional):										
Position / Title: Ph	one: () - , Alt Phone: () - ,									
Fax: () - E-Mail:										
EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fed	urce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the vided for in a separate pre/post-event agreement between the Requesting and leral reimbursement.)									
SACE HUGGINS CHIEF ANIMAL CONTR	or /									
Print Name and Title OFFICE	Signature									
Potential EMMA R	esource Information:									
(For Requesting Jurisdiction only: Check this box to select	EMMA resource for assignment.)									
Name: Britany Ridge Cell P	hone: () - Alt Phone: (96)54-5377									
Email: bridge @ Cityof Sacramento.org	Available for the period specified above?									
Able to perform the tasks	urity Clearance Yes No									
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?									
Experience / EOC Position Credentials:										
Current Asso will equipment & trave	mg -									
Special Skills / Certifications / Licenses: Large Animal e	200000000									
Emergency Contact Name: Relationship:	1.5									
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Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpiD - 0017647

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21001431	0017647	Ridge, Brittney	11/23/2018	HAH	00.8	18.81	150.46
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21001431	0017647	Ridge, Brittney	11/21/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge, Brittney	11/25/2018	REG	10.00	18.81	188.07
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21001431	0017647	Ridge, Brittney	11/27/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge, Brittney	11/28/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge, Brittney	12/2/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge, Brittney	12/3/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge, Brittney	12/4/2018	REG	10.00	18.81	188.07
21001431	0017647	Ridge, Brittney	12/5/2018	REG	10.00	18.81	188.07
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21001431	0017647	Ridge, Brittney	12/11/2018	REG	10,00	18.81	188.07
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		Totals for Ridge.Brittney			176.00		2 246 03
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FEMA Form-90-123, FEB 09

1. Incident Name:	2. Operational	Date From: 1/2	le Date To: 10/28	
Camp Fire	Period:	Time From: HH	MM Time To: HHMM	
3. Name:	4 ICS Position:		5. Home Agency (and Unit)	: From
Usa Jannan	Ahremal Care	1 technician	Cety of Sacramens	d street
6. Resources Assigned:		AMAGASA AMAGAS		
Name	ICS Posi	tion	Home Agency (and U	nit)
	4.2			
7. Activity Log:				
Date/Time Notable Activities				
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	1) e refu	n vision	1.1	
8. Prepared by: Name: >, tvgy~	Position/Title:		Signature:	
ICS 214, Page 1	Date/Time: Date		tw L. JT	

EMMA FORM 5 -	INDIVID	UAL DEMOBILIZATION C	HECKOUT							
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time							
CAMP FIRE		11/28/18 2000 hrs	11/26/1800							
4. Name of Released		5. Position of Released	Officer							
(Returning via Airline Name & Flight Numb	er, POV)									
6. Transportation Type	-									
7. Actual Release Date/Time	8. MRT #	ļ	**************************************							
7,1000,000,000,000	(RIMS M	ission Tasking Number)								
9. Destination (Location Agreed Upon)	10. Notif	0 , , ,	Dispatch { }							
		ne, list information below)								
	Name:									
		i								
11.Cell Phone or Emergency Contact #	Time:									
	Date:									
12 FMANA Consideration III III										
12. EMMA Coordinator Name (Providing J		ac OES / Gnoy MARIA	400							
		. Unit/Personnel	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
You have been released subject to sign off		ring:								
(Demobilization Unit Leader check the application Section										
		nment and Sign Off								
{ } EMMA Coordinator EMM	VIA Form 3 – Vo VIA Form 4 - Exit	luntary Performance Rating Copy Provided t Survey Provided? Y N	3 A · M							
{ } Supply Unit										
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Other	Con	ment and Sign Off								
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14. Remarks										
No one was	actum	ly dong Dernois	Paperwork							
15. Prepared by (include Date and Time)	J. Hugo	1hs 2-27								

EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)
& ASSIGNMENT (Rev. 2/27/13)	Incident Name:
Part A of this form must be attached to a RIMS Mission Request when the	Request Date / Time: /
request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAME	070
24 Hour Phone Number: (916) 599-557-7	
EMMA Coordinator / PRIMARY Point of Contact Name:	ee Huggins
Position/Title: CHIPF ANIMAL CONTROL Ph	
Fax: () - E-Mail: Dhuggins@ cityof?	shcramento, ovey
Alternate Point of Contact (Optional):	
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fed	arce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the rided for in a separate pre/post-event agreement between the Requesting and eral reimbursement.)
JACE HUGGINS CHIEF ANIMAL CONTR	oL O
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	esource Information:
(For Requesting Jurisdiction only: Check this box to select	EMMA resource for assignment.)
Name: Lisa Johnson Cell P	hone: () - Alt Phone: (96)54-5377
Email: L) Wohnsin @ Cityof Sacramento.org	available for the period specified above?
	urity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials: Current Act well Equipment & trans Special Skills / Certifications / Licenses:	my & prior Stuller my v
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
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Additional	Comments:

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0012430

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NAME			DATES AND		WORKED	HOURS WORKED EACH WEEK	EK				COSTS		
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTA	EINFORM	IATION ABC	VE WAS OF	STAINED FR	OM PAYRO	L RECORDS	s, invoices, oi	AINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	WENTS TH	AT ARE AV.	ALLABLE FOR	AUDIT.	
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FEWA Form 90-123, FEB 09													

1 Incident Name:	2. Operational	Date From: \ID	
Comp tire	Period:	Time From: HI	HWM Time To: HHWM
3. Name:	4. ICS Position:		5. Home Agency (and Unit):
John Sorrels	19nimal Control	affiler	City of Sacramento Animal 1
6. Resources Assigned:	1		
Name	ICS Posi	lion	Home Agency (and Unit)
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7. Activity Log:			
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8. Prepared by: Name: CFnscu	Position/Title:	Sr. Animal Co	who Signature: Illishus
ICS 214, Page 1	Date/Time: Date	officer	2/27/19
		A11,1004	~

EMMA	FORM	1-	RESOURCE	REQUE	ST
& ASS	IGNME	NT	•		

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parts A and B are completed and attached.

Request #: (Generated by Requesting Animal fill Jurisdiction to match Parts A and B.)

Incident Name: CAMP file

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Request Date / Time: N

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

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Providing Jurisdiction Name: C. + 3		, ,0							
24 Hour Phone Number: (96) 599-557	; 7								
EMMA Coordinator / PRIMARY Point of Co	ntact Name: 🗼	EE HE	16 INS						
Position/Title: CHIEF ANIMA	CONNEOL PH	one: (9/	6) 599-5.	377	Alt Pho	ne: ()	- ,	
Fax: () - E-Mail: Shugg	ins@ cityof	iccomin	to, or	y					
Alternate Point of Contact (Optional):									
Position / Title:	Ph	one; () -	1	Alt Phor	ne: ()	m 3	
Fax: () - E-Mail:									
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Print Name and Title	office				Signature				
	<u> </u>		Inform	nation:	Signature			W. Carlon	
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Pote (For Requesting Jurisdiction only: Check	ential EMMA R	esource EMMA reso		assignme	nt.)	/m·		~====	
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Pote For Requesting Jurisdiction only: Check Name: John Serrels Email: Jornals Duty of Security Able to perform the tasks described above? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: Cornal Alo we equipment	chial EIMMA R this box to select Cell F No Sec	esource EMMA reso hone: (vailable fo urity Clear oplicable)? Has t expen	ource for) or the pe ance ?	assignme riod spec Yes de aware king con	nt.) Alt Phone: cified above S	e?		es _	l No

Time Reported by Date by EmplID or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0006375

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Deptid	Emplid	Name	Date	TRC	H	400	
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220012	110000	Solieis, John Lee	11/23/2018	HOL	8.00	33.19	265.50
21001314	0000375	Sorreis, John Lee	11/26/2018	D/J	3.50	33.10	116.16
21001314	0006375	Sorrels, John Lee	11/27/2018	7/0	000	20.70	20.00
21001314	0006375	Sorrels John Lee	11/28/2018	500	0000	20.00	21.66.
21001314	0006375	Sorrels John Joe	0.000000	- t	3.50	33.19	116.16
21001314	0006375	Complete Land	0102/82/11	200	1.50	33.19	49.78
2100131	000000	Softers, John Lee	11/30/2018	- - -	4.00	33.19	132.75
21001314	0006375	Sorreis, John Lee	11/21/2018	REG	8.00	33.19	265,50
24004244	00000	Sorrels, John Lee	12/3/2018	REG	8.00	33.19	265.50
21001314	0000075	Sorrels, John Lee	12/4/2018	REG	8.00	33.19	265.50
21001314	0000373	Sorrels, John Lee	12/5/2018	REG	8.00	33.19	265 50
21001314	0006375	Sorrels, John Lee	12/6/2018	REG	8 00 8	20,40	265.50
21001314	0006375	Sorrels, John Lee	12/7/2018	O U	000	000	203.30
21001314	0006375	Sorrals John Lag	70707070	ה אוני הורים הורים	8.00	33.19	265.50
21001314	0006275	Concession Lee	0107/01/71	ב ב ב	8.00	33.19	265.50
7707070	100000	Sorreis, John Lee	12/11/2018	REG	8.00	33.19	265.50
21001314	00000	Sorreis, John Lee	12/12/2018	REG	8.00	33.19	265.50
21001314	0006375	Sarrels, John Lee	12/13/2018	REG	008	33.10	265 50
21001314	0006375	Sorrels, John Lee	12/14/2018	REG	00 8	33.70	265.50
					2	200	202.20
		Totals for Sorrels, John Lee			162.50		4,065.52
		Totals for Department - Business Compliance			162.50		4,065.52

BUT Rate shald be 1.5 x

O.M.B. No. 1660-0017 Expires December 31, 2011 TOTAL 1 18d 1 4/100 Reported to town of Daraelise for Geld Services. Information was filted at in Queater detail and scomutted to NVADG at that time. Specific Start lend times are PERIOD COVERING
11 12 18 18 19 DATE 2/27/19 TOTAL HOURLY RATE I CERTIFY THAY THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT. Camorie COSTS BENEFIT RATE/HR 유 HOURLY RATE Sr. Animal Coutro i off ver TOTAL 9 PROJECT NO. CATEGORY TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME FOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME DATES AND HOURS WORKED EACH WEEK DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD PAID NO. $\frac{\Xi}{8}$ 0 LOCATIONISTE PARADUXE, CA / BUHE COUNTY SACraynents City Huimas Cartai 11 28 0 11 27 0 4 216 2 DATE REG, o.T. REG, 0,T, REG. 0,T, REG. 0.T. nd longer available. Cado Entragament officer DESCRIPTION OF WORK PERFORMED JOB TITLE JOB TITLE JOB TITLE JOB TITLE CERTIFIED JOB TITLE NAME NAME

FEMA Form 90-123, FEB 09

1. Incident Name Camp Fire):	2. Operational Period:	Date From: 11/21/2018	Date To: 11/21/2018
		renou.	Time From: 07	700 Time To: 1830
3. Name:		4. ICS Position:		5. Home Agency (and Unit):
Adrian		Chico Airport Shelter	Lead	
6. Resources As			100	
	ame	ICS Pos	sition	Home Agency (and Unit)
Allison Nielson		Shelter Aide		City of Sacramento
7. Activity Log:				
Date/Time	Notable Activities			
11/21 0700	Check in at EOC			
11/21 0730	Check in at Chico	Airport Shelter		
11/21 0800	Clean cat kennels			
11/21 0830	Load/Transport sur	oplies to an offsite vet	hospital	
11/21 1030	Box up cats for tran	nsport and clean cat k	ennel	
11/21 1830	Release from dutie	S		
		_		
7.100				
Prepared by:	L	Docition/Title:	Chaltar Aida	

1. Incident Name/Number: Camp Fire			2. Date/Time (Of Release Notification) 11/21/2018 1830	3. Arrival Date/Time
4. Name of Released			5. Position of Released	11/21/2018 0700
Allison Nielson			Shelter Aide	
(Returning via Airline Name & F	ight Number, Po	OV)		
6. Transportation Type: City veh	nicle			
7. Actual Release Date/Time 11/21/2018 1830			Camp Fire	
9. Destination (Location Agreed	(duam)	(RIMS MI	ssion Tasking Number)	
EOC, then to Chico Airport Shelte	er	10. Notifi (check on Name:	ied: Agency { } Region { } Area { } e, list information below)	Dispatch { }
11.Cell Phone or Emergency Con-	tact #	Time: Date:		
12. FMMA Coordinator Namo (6	Posiding Issuindi			
12. EMMA Coordinator Name (F	roviaing Jurisdi	ction) Cit	y of Sacramento	
			Unit/Personnel	
ou have been released subject t	o sign off from t	he followi	ng:	
Demobilization Unit Leader chec	k the appropria			
ogistics Section	N C AVEN AND L	Com	ment and Sign Off	
} EMMA Coordinator	EMMA For	m 3 – Volu	intary Performance Rating Copy Provided?	YN
	EIVIIVIA FOR	m 4 - Exit :	Survey Provided? Y N	
} Supply Unit				
} Communications Unit				
} Facilities Unit				
) Ground Support Unit				
ans/Intel Section		Comn	nent and Sign Off	
) Documentation Unit			Samuel Care Care Care Care Care Care Care Care	
nance/Admin Section		Comm	nent and Sign Off	**************************************
} Time Unit	T	Comm	ient and sign Off	
her		edana neves	NAUS POR CONTRACTOR OF THE PROPERTY OF THE PRO	
		Comm	ent and Sign Off	
}				
1				

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Incident Name: Camp Fire Assignment Location (EOC, Comr Position/Task: Shelter Aide Shift (Day / Night): Day Assignment Dates: 11/21/2018 Number of Shifts (In days, do not in		c.): Chico Airpo	rt	
 A. Mobilization Process: Alert Notification Recruitment Assignment Briefing Comments (Attach an addition 	Excellent Excellent Excellent Excellent and page if necessa	Good Good Good ary):	⊠ Poor ⊠ Poor ⊠ Poor	
 B. Assignment Support: Travel Arrangements EOC In-processing Deployment Support Kit SOPs/Forms Comments (Attach an addition 	Excellent Excellent Excellent Excellent Excellent al page if necessa	Good Good Good Good	☑ Poor☑ Poor☑ Poor☑ Poor	□ N/A
C. Demobilization Process: EOC Out-processing Personal Expense Reimbursement Post-Assignment Debriefing Overall Experience Comments (Attach an additional	Excellent Excellent Excellent Excellent Excellent al page if necessa	☐ Good ☐ Good ☐ Good ☐ Good ry):	⊠ Poor ⊠ Poor ⊠ Poor ⊠ Poor	

D. General Comments/Suggestions

I only attended for one day as my skills and knowledge were extremely underutilized. I am a shelter manager and prior animal control officer. A shelter manager was requested and when I arrived I was instructed to fall in line and do as I was told. I was asked to head to the Chico Airport shelter where I was instructed to clean and box up cats for the duration of the day. I do not feel that I am better than anything and as such did whatever I could to help, but I feel I was not utillized in the most effective manner. Communication was also very limited and upon release was just told that I could leave.

EMMA FORM 5 -	INDIVID	UAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
Pardise Comp fine		11/21 + 11/29-30	0700
4. Name of Released		5. Position of Released	
Calyn Jones		Animal control office	2
(Returning via Airline Name & Flight Numb		•	
6. Transportation Type Drove City			
7. Actual Release Date/Time	8. MRT	•	
9. Destination (Location Agreed Upon)		ission Tasking Number)	
EOC > Chic Au port	10. Noti (check of Name:	fied: Agency { } Region { } Area { } ne, list information below)	Dispatch { }
2500 Law Held Services	Time:		
11.Cell Phone or Emergency Contact #			
	Date:		
12. EMMA Coordinator Name (Providing J	urisdiction)	1 0 30	1
12. EMMA Coordinator Name (Providing J	<u> </u>	ty of Sacramento Hu	umal antro
	13	. Unit/Personnel	
You have been released subject to sign off to (Demobilization Unit Leader check the appr	from the follow	ving:	***
Logistics Section	Cor	nment and Sign Off	
{ } EMMA Coordinator EMA	1A Form 3 – Vo 1A Form 4 - Exi	luntary Performance Rating Copy Provided t Survey Provided?	? Y N
{ } Supply Unit		y W	
{ } Communications Unit		The state of the s	
{ X } Facilities Unit		Y	
₹ Ground Support Unit			
Plans/Intel Section	Con	nment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section	Con	nment and Sign Off	
{ } Time Unit			
Other	Con	nment and Sign Off	
(}			
()			
14. Remarks			
For Chico Aurport a	11/21, I	: Checked in at the EOC a	and was depioned
to be one arrown to clean	Car Ken	nels and box lassist wi	tu transport. I
ded not receive instruction			
For field services, I created when leaving on 11/3. and Dispatch unit.	cked in o	Ut 2800 richter in the mar, vening, was Cheiled at k	ining on 11/29 My chief Jace Huggins
15. Prepared by (include Date and Time)			

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:				
Incident Name: Campfive -P	aradise			
Assignment Location (FOC Comm	and Post Field of	ic): Field	1 Maica Aumil	
Position/Task: Chico Arr pert - 1 Shift (Day / Night): Day	Vermel cleaning +	trans	7 Corw. MyROF	
Shift (Day / Night): Day		"conspert,	Held > Field response	
Assignment Dates: 11/21, and	d 11/29-11/3	3		
Number of Shifts (In days, do not in	clude travel): 3			
A Makillandan B				
A. Mobilization Process:				
Alert Notification	Excellent	☐ Good	M Poor	
 Recruitment 	Excellent	Good	⊠ Poor	
 Assignment Briefing 	Excellent	☑ Good	Poor	
 Comments (Attach an additional 	al page if necessa	and:		
News of the wildfire was s	preced by news 5	tations. our c	department and others	V= in #
News of the wildfire was S Staff into advising we could	help but here	ewed no repu	by for weeks.	V
B. Assignment Support:				
 Travel Arrangements 	Excellent	₩ Good	Poor	
 EOC In-processing 	Excellent	₩ Good	Poor	
 Deployment Support Kit 	Excellent	Good		
SOPs/Forms	Excellent	Good		
· Comments (Attach an additional		ων). ⊠' Good	Poor	
Very discraanized at fi	ch ha Chana	on were. Sla	We was to be warmen -	
Very discrepanized at find different methods of doc	montina a	MIMONIA	was a la more	
C. Demobilization Process:	Coel (to by	CON WOO		
 EOC Out-processing 	☐ Excellent	⊠ Good		
Personal Expense	Excellent		Poor	
Reimbursement		Good	Poor NA	
Post-Assignment Debriefing	Excellent			
Overall Experience		☑ Good	Poor	
	Excellent	⊞ Good	Poor	
 Comments (Attach an additional 	ii page it necessa	ry):		

D. General Comments/Suggestions

EMMA FORM	5 - INDIVIE	DUAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
Compfire		, , , ,	11-25-18 0800
4. Name of Released		5. Position of Released ()	- 1
Leese Johnson		5. Position of Released Animal Col	re lechnician
(Returning via Airline Name & Flight 6. Transportation Type Densor		8	
7. Actual Release Date/Time	8. MR	T#	
11-27-18 1800	C. Committee and the committee of the co	Mission Tasking Number) Camp Fi	no
9. Destination (Location Agreed Upo		tified: Agency { } Region { } Area { }	Dispatch { }
Butte		one, list information below)	
Diese	Name:		
11.Cell Phone or Emergency Contact	Time:	×	
	Date:		
12. EMMA Coordinator Name (Provi			
12. Elvivia Coordinator Name (Provi	aing Juristiction)		
	1	3. Unit/Personnel	
You have been released subject to sig (Demobilization Unit Leader check the		owing:	
Logistics Section		omment and Sign Off	
		oluntary Performance Rating Copy Provided	? Y N
{ } EMMA Coordinator		kit Survey Provided? Y N	
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit		(*	
{ } Ground Support Unit			
Plans/Intel Section	Co	mment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section	Co	mment and Sign Off	
{ } Time Unit			
Other	Co	mment and Sign Off	
{ }		,	
{ }			
14. Remarks	100000000000000000000000000000000000000		
15. Prepared by (include Date and Tim	ne)		

1. Incident Name: Camp Fire		2. Operational Date From: Date II-25-18 Date To: Date II-27-18 Period: Time From: HHMM 0800 Time To: HHMM 1800	
3. Name:		4. ICS Position:	5. Home Agency (and Unit):
Sarah A		La. Animal Mra.	City of Sacranewto-Animal Senices
6. Résources Assi		J	
Name		ICS Position	Home Agency (and Unit)
Leese Johnson		AnimalCare-largeAnimal	City of Secrament, Animal Sorvices
		7	,
		,	
' }			
7. Activity Log:			
Date/Time	Notable Activities	*	
11-25-18	Coved for large animals/livestock - Chickens		
11-26-18	" " Sheep goats, Digs		
11-27-18	11 11		- Sheep, goods, Dies, Chickens
1. 0.7 10			Stept glas, pigs the are
	A		
			Δ .
8. Prepared by: N	Jame: Lacos Tolo	nson Position/Title: Annual Care Te	on, Signature: Dalu
ICS 214, Page 1	Leege JUN	Date/Time: Date 2 - 11 - 19	an, Signature, Tyour
Date/ Time. Date 1-11-19			